

MICHIGAN VETERANS TRUST FUND

P.O. Box 30104  
Lansing, MI 48909  
(517) 284-5203  
Fax: (517) 284-5297

Request for Record of Active Military Service

Veteran

Name: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Branch: \_\_\_\_\_ Era: \_\_\_\_\_

Service Number: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Release: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**AUTHORIZED SIGNATURE REQUIRED:** I declare (or certify, verify, or state)  
under penalty of perjury under the laws of the United States of America that the  
information in this section is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Veteran, next of kin, or guardian and copy of death certificate or power of attorney)

Requested by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_